

**ADVERTISEMENT  
FOR COUNTY DEPOSITORY  
FOR THE USE AND BENEFIT OF  
NESHOPA COUNTY, MISSISSIPPI**

Pursuant to Mississippi Code Annotated § 27-105-305, the Neshoba County Board of Supervisors will receive electronic bids via the Neshoba County website at [www.neshobacounty.net](http://www.neshobacounty.net) or sealed bids in the Office of the Chancery Clerk of Neshoba County, Mississippi at the Neshoba County Courthouse, 401 Beacon Street, Suite 107, in Philadelphia, Mississippi until 11:00 a.m. on the 6<sup>th</sup> day of January, 2020 for the purpose of obtaining county depositories pursuant to Mississippi Code Annotated § 27-105-303 through § 27-105-371.

This shall serve as notice to all financial institutions in Neshoba County that are insured by the Federal Deposit Insurance Company, or successor thereof, that bids will be received for the privilege of keeping County funds, or any part thereof as described below, and that to be eligible to act as a County Depository the bidder shall show in said bid that said financial institution is a qualified financial institution.

The County Depository selected may include funds from the following:

- a. Neshoba County
- b. Neshoba County General Hospital & Nursing Home
- c. Neshoba County Ambulance Enterprise
- d. Industrial Development Authority of Neshoba County
- e. Neshoba County Public Library
- f. Volunteer Fire Protection Districts
  - i. Arlington
  - ii. County Line
  - iii. Dixon
  - iv. East Neshoba
  - v. Fairview
  - vi. Hope
  - vii. House
  - viii. Linwood
  - ix. Longino
  - x. North Bend
  - xi. Stallo
  - xii. Tucker
- g. Public Improvement Corporations
  - i. Neshoba County Public Improvement Corporation
  - ii. Neshoba County General Hospital Public Improvement Corporation
- h. District Attorney, Eighth Judicial District

The bids or proposals shall designate the kind of security as authorized by law which the financial institutions proposes to give as security for funds, and the Board of Supervisors shall cause the County funds and all other funds in the hands of the County Treasurer to be deposited in the qualified financial institution or qualified financial institutions proposing the best terms and meeting the requirements provided in Mississippi Code Annotated § 27-105-315, having in view the safety of such funds. The terms made with each depository shall remain in force for calendar year 2020 and calendar year 2021.

#### INSTRUCTIONS TO BIDDERS

All bids shall be submitted on the Neshoba County Bid Proposal Form, if submitted electronically in PDF Format, if submitted by paper the bid shall be placed in a sealed envelope marked "Proposal for County Depository for 2020 and 2021", along with the date and time of the bid opening, and filed with the Neshoba County Board of Supervisors, C/O Chancery Clerk Guy Nowell, 401 Beacon Street, Suite 107, Philadelphia, Mississippi 39350.

The Neshoba County Bid Proposal Form can be obtained by contacting the Neshoba County Board of Supervisors at 401 Beacon Street, Suite 201, Philadelphia, Mississippi 39350; by telephone at 601-656-6281; or, via Neshoba County's website at [www.neshobacounty.net](http://www.neshobacounty.net).

The Board reserves the right to reject any and all bids and waive informalities. The proposal selected will be the proposal from the qualified institution(s) that offers the best terms and meets the requirements provided in Mississippi Code Annotated § 27-105-315.

Published by Order of the Board of Supervisors of Neshoba County, Mississippi on the 2<sup>nd</sup> day of December 2019.

/s/ Guy Nowell  
GUY NOWELL, CLERK  
BOARD OF SUPERVISORS  
NESHOPA COUNTY, MISSISSIPPI

Publication dates: 12/11/2019 & 12/18/2019

## NESHOBA COUNTY BID PROPOSAL FORM

TO THE COUNTY OF NESHOBA.

We submit the following bid proposal for serving as the depository for Neshoba County for the period beginning January 1, 2020 and ending December 31, 2021 and thereafter until new arrangements shall be made according to law:

1. \_\_\_\_\_ is insured by the Federal Deposit Insurance Corporation or any successors to such insurance corporation.
2. \_\_\_\_\_ has met the primary capital to assets ratio of five and one-half percent (5 1/2%) or more as of June 30, 2019, and has received certification of such from the State Treasurer. **Please attach commission in response.**
3. \_\_\_\_\_ has \_\_\_\_\_ offices located within Neshoba County, Mississippi. **Please attach in response a list of all branches located in the county. Include address of each branch.**
4. \_\_\_\_\_ has \_\_\_\_\_ employees located within Neshoba County, Mississippi.
5. \_\_\_\_\_ agrees to place on deposit for Neshoba County as security with the State Treasurer, any of the securities eligible for securing of state funds as provided in Section 27-105-5, Mississippi Code Ann. (1972) in an amount at least equal to one hundred five percent (105%) of the maximum sum to be placed on deposit in such financial institution at any one time exclusive of that portion of accounts insured by the Federal Deposit Insurance Corporation, or any successors to such insurance corporation.

Or, \_\_\_\_\_ is a public funds guaranty pool member under sections 27-105-5 and 27-105-6, Mississippi Code Ann. (1972). The qualified financial institution shall secure those deposits by placing qualified securities on deposit with the State Treasurer as provided in Section 27-105-5.

6. \_\_\_\_\_ agrees to execute a Collateral Security Agreement with the county in the form recommended by the State Treasurer of the State of Mississippi for the purpose of complying with Section 1823(e) of FIRREA as necessary to ensure that the county will possess a preferred claim to pledged securities in the event of default by the depository bank. All Collateral Security Agreements will be executed prior to January 1, 2020.
7. \_\_\_\_\_ agrees to monitor monthly deposits of the county in order to ensure adequate securities are pledged and to provide the county with an annual report listing accounts reported to the State Treasurer.
8. \_\_\_\_\_ agrees to prepare monthly statements beginning with the first day of the month and ending with the last day of the month, showing debits, credits, balances, and sequential listing of cashed checks within five (5) business days of the statement closing date.
9. \_\_\_\_\_ agrees to pay interest on the county's accounts based on a fixed or variable rate. Variable rates shall be equal to the prior month-end U.S. Target Federal Funds Rate plus or minus \_\_\_\_\_basis points. Current U.S. Target Federal Funds Rate is \_\_\_\_\_.

CURRENT RATES BASED ON ABOVE CALCULATIONS

	<i>Variable</i>	<i>Fixed</i>
<i>DDA Checking Accounts</i>	_____ %	_____ %
<i>Money Market/Savings Accounts</i>	_____ %	_____ %

*Note:* Interest shall be earned on the average daily investable balance.

10. \_\_\_\_\_ agrees to provide earnings allowance on daily county account balances that offset bank service charges. The earnings credit rate (ECR) shall be \_\_\_\_\_ %.

11. \_\_\_\_\_ agrees to, if requested, offer advice on cash management and investment strategies necessary to properly utilize the county's assets.
12. \_\_\_\_\_ agrees to provide the requested information necessary for the completion of the annual audit at no charge to the county or its auditors.
13. \_\_\_\_\_ agrees to allow the county to establish or maintain checking or savings accounts for no charge or minimum charges/fees for deposits credited, checks paid, incoming wire transfers, or returned deposit items. In addition, \_\_\_\_\_ agrees to provide the services listed on the following page at no charge or minimum charge to the county based on account data provided by county and the data listed below:

Account Data	
<i>Average Monthly Ledger Balance</i>	\$8,000,000.00
<i>Number of DDA Checking Accounts</i>	27
<i>Number of Savings Accounts</i>	0

For a form fillable MS Word Version of this bid form, please email request to [jmayo@neshobacounty.net](mailto:jmayo@neshobacounty.net)

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Completed By County			Financial Institution's Response	
Account Services	Services Utilized? (Yes/No/Interested)	Monthly Average Volume	Provided at No Charge (Yes or No)	Direct Fee or Service Charge (Indicate Fee or Charge)
Stop Payments	Yes	0	Choose an item.	
Outgoing Wire Transfers	Yes	0	Choose an item.	
Incoming Wire Transfers	Yes	0	Choose an item.	
Night Depository Services	No		Choose an item.	
Locking Bank Bags	Yes	3	Choose an item.	
Keys for bank night drop	No		Choose an item.	
Deposit Slips	Yes	100	Choose an item.	
Checks	No		Choose an item.	
Re-deposit of returned deposit items at least once	Yes	5	Choose an item.	
Research/Statement Reproduction	Yes	0	Choose an item.	
Payroll Direct Deposit Services	Yes	4	Choose an item.	
Transactions handled via phone	No		Choose an item.	
Cash in to be counted by teller at time of deposit	Yes	30	Choose an item.	
Internet Banking Access	Yes		Choose an item.	
Overdraft Fees and Penalties	Yes		Choose an item.	
Positive Pay	Interested		Choose an item.	
Reconciliation	No		Choose an item.	
Controlled Disbursements	No		Choose an item.	
Stored Value (Payroll) Cards	No		Choose an item.	
Lockbox Services	No		Choose an item.	
Check to ACH Conversion	Yes	10	Choose an item.	
Balance and Transaction Services	Yes		Choose an item.	
<b>Note:</b> Please add any additional services you deem necessary or have interest in under the "Account Services" column.				
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	
	Choose a response.		Choose an item.	

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**14.** \_\_\_\_\_ agrees to provide ledger credit on the same day as deposits occur (holidays and weekends excluded). This includes same day credit on wire transfer of funds from the federal and state government, and same day credit on deposits made by the county prior to 2:00 P.M. CST.

Financial Institution Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_